

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Occupational Therapists Managed Care Plans CSO Administrators Regional Administrators	Memorandum No: 03-43 MAA Issued: June 30, 2003 For Information Call: 1-800-562-6188
From: Douglas Porter, Assistant Secretary Medical Assistance Administration (MAA)	Supercedes: 02-41 MAA
Subject: Occupational Therapy Program: Fee Schedule Changes	

Effective for dates of service on and after July 1, 2003, the Medical Assistance Administration (MAA) will implement:

- The updated Medicare Physician Fee Schedule Data Base (MPFSDB) Year 2003 relative value units (RVUs);
- The Year 2003 additions of Current Procedural Terminology (CPT™) codes; and
- Changes to Health Care Financing Administration Common Procedure Coding System (HCPCS) Level II codes.

Maximum Allowable Fees

MAA is updating the fee schedule with Year 2003 RVUs. The 2003 Washington State Legislature **has not appropriated a vendor rate increase** for the 2004 state fiscal year. The maximum allowable fees have been adjusted to reflect the changes listed above.

Coding Changes

The Health Insurance Portability and Accountability Act (HIPAA) requires all healthcare payers to process and pay electronic claims using a standardized set of procedure codes. MAA is discontinuing all state-unique procedure codes and modifiers and will require the use of applicable CPT and HCPCS procedure codes. MAA is currently upgrading its claims processing system, and state-unique procedure codes used in the Occupational Therapy Program will be discontinued by October 2003. MAA will notify providers of all coding changes in a later memorandum.

Attached is updated replacement page 9/10 for MAA's Occupational Therapy Program Billing Instructions, dated July 1999. To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click ***the Billing Instructions and Numbered Memorandum*** link). These may be downloaded and printed. Bill MAA your usual and customary charge.

Fee Schedule

Due to its licensing agreement with the American Medical Association, MAA publishes only the official, brief CPT™ code descriptions. To view the full descriptions, please refer to your current CPT book.

Procedure Code	Brief Description	July 1, 2003 Maximum Allowable	
		Non Facility Setting	Facility Setting
64550	Apply neurostimulator	\$17.06	\$5.46
97003	OT evaluation	48.00	37.31
97110	Therapeutic exercises	17.06	17.06
97112	Neuromuscular reeducation	17.52	17.52
97504	Orthotic training	17.29	17.29
97520	Prosthetic training	16.84	16.84
97530	Therapeutic activities	17.29	17.29
97532	Cognitive skills development	14.79	14.79
97533	Sensory Integration	15.70	15.70
97535	Self care mngment training	18.65	18.65
97537	Community/work reintegration	16.61	16.61
97703	Prosthetic checkout	13.65	13.65
0002M*	Custom splints (cockup and/or dynamic)	47.76	47.76

*State-unique code

(CPT procedure codes and descriptions are copyright 2002 American Medical Association.)

Billing

What is the time limit for billing?

State law requires that you present your final bill to MAA for reimbursement no later than 365 days from the date of service. (RCW 74.09.160)

- **For eligible clients:** Bill MAA within 365 days after you provide a service(s).
- **For clients who are not eligible at the time of service, but are later found to be eligible on the date of service:** Bill MAA within 365 days from the Retroactive¹ or Delayed² certification period.
- **MAA will not pay if:**
 - ✓ The service or product is not covered by MAA;
 - ✓ The service or product is not medically necessary;
 - ✓ The client has third party coverage, and the third party pays as much as, or more than MAA allows for the service or product; or
 - ✓ MAA is not billed within the time limit indicated above.

What fee should I bill MAA for eligible clients?

Bill MAA your usual and customary fee.

¹ **Retroactive Certification:** An applicant receives a service, then applies to MAA for medical assistance at a later date. Upon approval of the application, the person is found to be eligible for the medical services at the time he or she received the service. The provider **MAY** refund payment made by the client and then bill MAA for these services.

² **Delayed Certification:** A person applies for a medical program prior to the month of service and a delay occurs in the processing of the application. Because of this delay, the eligibility determination date becomes later than the month of service. A delayed certification indicator will appear on the MAID card. The provider **MUST** refund any payment(s) received from the client for the period he/she is determined to be Medicaid-eligible, and then bill MAA for those services.